

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3274</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>John</u> <u>A</u> <u>Gorman</u> P.O. Box, Bldg., Room No., if any Street <u>304 Moncton Ct.</u> City <u>Millersville</u> State <u>Maryland</u> ZIP Code + 4 <u>21108-1120</u>	4. Name, file number, and address of labor organization. Name <u>Inter. Org. of Masters, Mates & Pilots</u> Labor Organization File Number <u>000-162</u> P.O. Box, Building and Room Number, if any Street <u>700 Maritime Blvd.</u> City <u>Linthicum</u> State <u>Maryland</u> ZIP Code + 4 <u>21090-1941</u>
5. Position in labor organization. <u>International Comptroller</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
---	--

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

John A. Gorman

On

07/07/05
Date

410-850-8700 x12

Telephone Number

Name of Person Filing John Gorman

File Number U- 3072

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name The Segal Company
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street One Park Ave.
City New York
State New York ZIP Code + 4 10016

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Masters, Mates & Pilots Benefit Plans
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 700 Maritime Blvd.
City Linthicum
State Maryland ZIP Code + 4 21090

11.a. Nature of such dealing.

Business listed in # 8 above provides actuarial services to Benefit Trust Plans, I am a participant in these Plans

11.b. Approximate dollar value of such dealing.

\$264,348

12.a. Nature of interest held or income received.

Cost of Dinner sponsored during Trust meetings held on January 2004, the approximate cost of which was \$ 124

12.b. Amount.

\$124

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>The McLaughlin Company</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>1725 DeSales Street NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20036</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>Internat. Org. of Masters, Mates & Pilots</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>700 Maritime Blvd.</u> City <u>Linthicum</u> State <u>Maryland</u> ZIP Code + 4 <u>21090-1941</u>	11.a. Nature of such dealing. <u>Business listed in # 8 above provides insurance services</u> 11.b. Approximate dollar value of such dealing. <u>\$225,546</u>
	12.a. Nature of interest held or income received. <u>Cost of Lunch during meeting to review insurance needs in June 2004</u> 12.b. Amount. <u>\$68</u>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Gorfine, Schiller & Gardyn, P.A.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 10045 Red Run Blvd.

City Owings Mills

State Maryland ZIP Code + 4 21117-5590

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Masters, Mates & Pilots Benefit Plans

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 700 Maritime Blvd.

City Linthicum

State Maryland ZIP Code + 4 21090

11.a. Nature of such dealing.

The business listed in # 8 above provided accounting services to the Benefit Plans

11.b. Approximate dollar value of such dealing.

\$5,000

12.a. Nature of interest held or income received.

Cost of Dinner during Maryland AFL-CIO meetings in January 2004

12.b. Amount.

\$35